**Community Development**

My wife and I live in our own home on the outskirts of North Bay.  I am retired, aged 67, and have been an active quadriplegic since 1979.  Recently, I had to give up driving due to partial vision loss.

For well over 20 years, I enjoyed the benefits of an outreach service funded through CCAC. When we first heard of the Direct Funding Program, we were cautiously optimistic about its suitability.  Since starting the program in the fall of 2016, the first benefit I realized was the reduced number of people we were dealing with.  Previously, we had up to 10 different people/week coming into help me mornings and evenings.  Now we have three people that we chose that were directly suited to my needs.  The prime attributes we sought were people with positive attitudes, a willingness to learn and the ability to take directions.

We find we have stronger relationships with fewer staff who are more dedicated to my needs.  We are more adaptable to each other's schedules, needs, and changes and now we are more in control of our lives.  Even my recent limits on driving have been offset by attendant care help, which allows me to stay involved in community services, volunteer work, personal care needs, and shopping.

Generally, there is less disruption in our home, and I have more hours of service from people more attuned to my needs for a broader scope of attendant work.  As well, all of this allows my wife more time for herself than before and will prolong our ability to maintain independent living.

In terms of public service delivery, the Direct Funding Program is an excellent example of an efficient use of public funds; it reduces overhead administration and staff training.  It should be an example for changes to other health care services for better delivery and efficiency.

​*(Stuart Kidd, March 2017)*